IN THE
UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No.	:	10/660,084	Confirmation No. :	5912

Applicant : Kevin R. Williams

Filed : 09/11/2003

TC/A.U. : 2837

Examiner : McCloud, Reneta D.

Docket No. : 021830.002US

Customer No. :

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

AMENDMENT

Sir:

In response to the Office action of August 17, 2004 having a shortened statutory period of response of two (2) months, please amend the above-identified application as follows. A one-month extension of time is thought to be due for this response and is hereby requested.

Amendments to the Specification begins on page 3 of this paper.

Amendments to the Claims are reflected in the listing of claims, which begins on page 8 of this paper.

Amendments to the Drawings begins on page 12 of this paper and include both an

independent claims better present the application for allowance. New claims 4-11

depend from new claim 3 and new claims 13-20 depend from new claim 12. Applicant

respectfully requests that these new claims be entered and the application be processed

for allowance of all claims.

Conclusion

A one-month extension fee in the amount of $110 is thought to be due for this paper and

its related submissions. If Applicant's belief is in error and one or more fees are due, the

Commissioner is hereby authorized to change any fee necessary to make this and related papers

timely and effective to deposit account 12-1322 (021830.002US).

Applicant thanks the Examiner for her consideration and effort on this file. Applicant

submits that this application is now in condition for allowance and respectfully requests that a

timely Notice of Allowance be issued in this case.

Respectfully submitted,

LOCKE LIDDELL & SAPP LLP

By
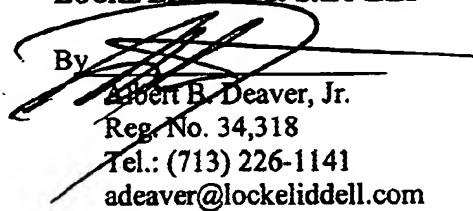
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PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

Application or Docket Number

10-660-084

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	2	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	2 minus 20=	* 0
INDEPENDENT CLAIMS	2 minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐ OR **OTHER THAN SMALL ENTITY**

RATE	FEE		RATE	FEE
BASIC FEE	375.00	OR	BASIC FEE	750.00
X$ 9=	.	OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	750

CLAIMS AS AMENDED - PART II

11/22/0~

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 20	Minus	** 20	=
Independent	* 4	Minus	*** 3	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY OR **OTHER THAN SMALL ENTITY**

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	88
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	88.

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.